

INS. CASE OWNER:

JOL.

CC 3 / Cal 1900 9013 / Jph3

LKK:

IDAC:

Surveyor:

PHJ

DOI:

ASSIGNMENT

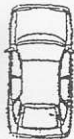
21/5/19

Date / Time:

21/5/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

FS 380 G

Name of Insured:

Lee Kok Hwee, Ivan

Insured Tel No.:

HP:

Excess Sec II :SS

D.O.A:

10/5/19

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

DM 19 H001464-JG

Policy No.:

Make / Model:

Place of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

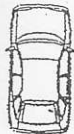
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

SMB 1538U



INSRS:

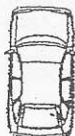
WSP:

Tel:

Liability:

RMKS:

SMB 1.00



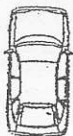
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

SMB 1538U - Not in 1500 0834 / K1062 : 00A: 8/1/15
FS 380 G - X

STAGE

DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

After call ltr to OI:

Documentation Check List: Handler Typist

Notification ltr (if non-pickup)

After call ltr to OI:

Authorisation To Act:

Release Voucher:

Final Repair Bill:

Car Rental Invoice:

Towing Invoice

LTA / GIA:

Medical Bill:

PIR:

Mandate/Reject Instruction:

LOD

Payment Breakdown Form:

Post-Repair Photos:

Others:

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: L/SUM

S\$ 250.00

(0-5 days) Reduction: 38 %

Email

Call

FINAL SETTLEMENT

Date/Time: 25/1/2021

Confirm with: Patrick

Email

Call

Final Liability:

% 100

(Agreed / Assessed) BOLA S/N No.: NIL

If NO or B 28, Ass. Lia:

Repair Cost:

S\$ 250.00

Loss of Rental (LOR):

S\$ -

(days)

Loss of Use (LOU):

S\$ 125.00

(\$ 250 x 0.5 days)

Loss of Income (LOI):

S\$ -

(\$ x days)

LOR only ☐ LOU only ☐LOR + LOU ☐LOR + LOI ☐

[Tick only one]

GIA/LTA Search

S\$ 7.00

Medical:

S\$ -

Disbursement:

S\$ -

(e.g. Tow/ Independent)

Legal Cost

S\$ -

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

Total:

S\$ 382.00

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$ 382.00

Name 1:

SMBT Buses Ltd

Payee 2: (Strike if N.A.)

S\$ -

Name 2:

Payee 3: (Strike if N.A.)

S\$ -

Name 3: